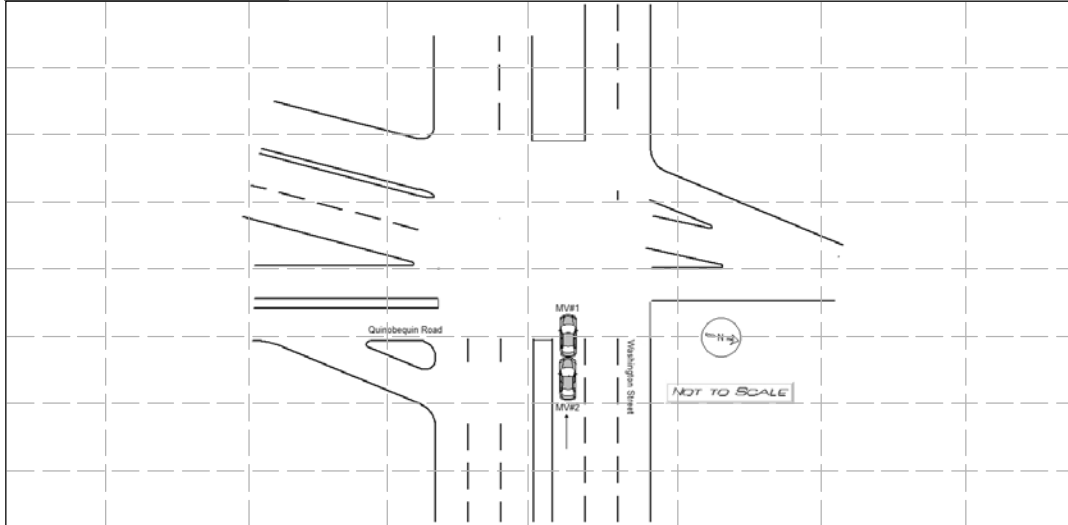


Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 05/31/2019	Time of Crash 20:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>								
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:												
QUINOBEQUIN RD																									
Route# Direction Name of Roadway/Street													Route# Direction Address # Name of Roadway/Street												
At																									
WEST WASHINGTON ST													Feet N S E W of or Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street													Feet N S E W of												
Also at Intersection with													Route# Intersecting Roadway/Street												
Route# Direction Name of Intersecting Roadway/Street													Landmark												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000562																
License # --- St RI DOB/Age ---													Reg # BC527 Reg Type PAS Reg State RI												
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL													Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20												
Operator BLANDING HEA JUNG K													Owner BLANDING PETER J												
Address 80 FISHER RD (apt. 47)													Address 80 (apt. 47) FISHER RD												
City CUMBERLAND State RI Zip 02864													City CUMBERLAND State RI Zip 02864												
Insurance Company AMICA MUTUAL													Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: N S E X Responding to Emergency?													Event Sequence 1 22 22 22 22 2 23 10 Undercarriage 11 Totaled												
Citation # (If Issued)													Most Harmful Event 1 24 24												
Violation 1: Ch Sec Violation 2: Ch Sec													Driver Contributing Code 1 24 24												
Violation 3: Ch Sec Violation 4: Ch Sec													Underride/Override 25 Towed N												
Please fill out for operator and all occupants involved													13												
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility													1												
Operator See Above													1 4 4 0 0 8 1												
Please Select One of the Following:													<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # --- St MA DOB/Age ---													Reg # 576RM2 Reg Type PAN Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL													Veh Year 2010 Veh Make FORD Veh Config. 1 20												
Operator GALLAGHER MICHAEL B													Owner GALLAGHER KAREN C												
Address 544 HIGH ST													Address 544 HIGH ST												
City WESTWOOD State MA Zip 02090													City WESTWOOD State MA Zip 02090												
Insurance Company PLYMOUTH ROCK													Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)												
Vehicle Travel Direction: N S E X Responding to Emergency?													Event Sequence 1 22 22 22 22 2 23 10 Undercarriage 5 11 Totaled												
Citation # (If Issued)													Most Harmful Event 1 24 24												
Violation 1: Ch Sec Violation 2: Ch Sec													Driver Contributing Code 5 24 24												
Violation 3: Ch Sec Violation 4: Ch Sec													Underride/Override 25 Towed N												
Please fill out for operator and all occupants involved													13												
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility													1												
Operator/Non-Motorist See Above													1 4 4 0 0 10 1												

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian  
ie: → 1    → 2    → ○

### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



### Crash Narrative:

The OP. of MV#1 states she was stopped at the red light on the westbound left-turn lane of Washington St. She then suddenly felt an impact at the rear of her vehicle.

The OP. of MV#2 states he was stopped behind MV#1 on the westbound left-turn lane of Washington St. The light turned green and MV#1 moved forward and suddenly stopped. The OP. of MV#2 had started accelerating and couldn't stop in time, colliding into the rear of MV#1.

### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

### Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42